

Georgia Department of Driver Services

2206 East View Parkway • P.O. Box 80447 • Conyers, GA 30013

Instructions Driver Training School Application

1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank.
2. All owners, partners, and principal stockholders of the school must complete page four (4) of this application and attach the following:
 - a. One (1) photograph, taken within thirty (30) days of filing this application, showing a full view of the face, neck, shoulders, and uncovered head.
 - b. Complete the Consent for Background Investigation form.
 - c. Fingerprint Cards (NOT REQUIRED FOR RENEWAL):
 - One (1) set of fingerprints (2 cards) of each digit of the right and left hands.
 - An affidavit from a qualified state, county, or city officer stating that the fingerprints are those of the applicant.
 - A \$24.00 money order, certified check, or cashier's check made payable to Georgia Bureau of Investigation (G.B.I.) to cover the fingerprint processing fee.

The Following Must Accompany The Application:

1. A fee of \$25.00, made payable to the Georgia Department of Driver Services. All fees should be in the form of certificated funds. Company checks will not be accepted.
2. A continuous surety bond in the principal sum of two thousand, five hundred dollars (\$2,500.00) for the protection of the contractual rights of the students. The surety bond as specified must be written by a company authorized to do business in the State of Georgia. The bond must show the school name and address exactly as it is listed on the application. See the attached surety bond.
3. A sample copy of all forms that will be furnished to its students, to include but not limited to class rosters, daily instruction log, sign-in sheets, classroom rules, and instructional handouts. See the attached Class Roster and Student Record of Instruction, which meet the requirements outlined in Rule 375-5-2-.15, and the Certificate of Completion prescribed by the Department in Rule 375-5-2-.14.
4. Submit a certified copy from the Clerk of the appropriate Superior Court evidencing the registration of a business or trade name if the business is to be conducted under such a trade name in lieu of the name of the corporation, person, partnership, or other entity, which owns such school. See attached form.
5. Samples of any contracts used by the school. See the attached contract, which meets the requirements of Rule 375-5-2-.16.
6. A copy of a fire inspection report demonstration compliance with local fire safety regulations.
7. A current certificate of insurance listing all vehicles or fleet policy. All vehicles to be used for practical driver training must be covered with insurance as follows: At least (a) \$100,000 for bodily injury to, or death of, any one person in any one accident and subject to said limit for one person, (b) \$200,000 for bodily injury or death of two or more persons in any one accident, (c) \$20,000 for destruction of property of others in any one accident. The certificate holder must be the Georgia Department of Driver Services.
8. Copy of Certificate of Incorporation and Articles of Incorporation, if a corporation is involved.

Georgia Department of Driver Services
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Application For A Driver Training School License

Check the Type of Application: ☐ **First-Time Applicant** ☐ **Renewal** - School License # _____

Owner(s) or Corporate Name: _____

School Name: _____
The name listed on this application must be used consistently on all forms, advertisements, vehicles, etc.

Names of all Owners, Partners, or Controlling Stockholders: _____

School Address: _____

Mailing Address: _____
(If different from above)

Classroom Address: _____
(If different from above)

Additional Classroom Address: _____

School Telephone #: (____) _____ School Fax # (____) _____

Contact Person(s): _____

Web Site or E-Mail Address: _____

Does the facility and classroom locations meet all requirements set forth by the Americans with Disabilities Act of 1990? ☐ Yes ☐ No

Curriculum of Instruction (classroom and behind the wheel):

- | | |
|---|---|
| <input type="checkbox"/> Drive Right | <input type="checkbox"/> License to Drive |
| <input type="checkbox"/> ADTSEA | <input type="checkbox"/> Licensed to Learn |
| <input type="checkbox"/> How to Drive | <input type="checkbox"/> Road Ready Complete |
| <input type="checkbox"/> Handbook Plus | <input type="checkbox"/> Responsible Driving |

☐ **Other:** _____

Vehicles owned by or leased to the school for the use of driving instruction. If additional space is needed, attach a separate sheet of paper.

<u>Make and Model</u>	<u>Model Year</u>	<u>VIN No.</u>	<u>Tag No.</u>

Full name and address of all instructors. If additional space is needed, attach a separate sheet of paper.

<u>Full Name of Instructors</u>	<u>Full Address of Instructors</u>

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant.

Sworn to before me this _____ day

of _____, _____

(Notary Public)

(Seal Required)

Applicant's Signature and Date

TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE CANCELLATION OF YOUR CERTIFICATE OF APPROVAL

ALL OWNERS, PARTNERS, AND PRINCIPAL STOCKHOLDERS OF THE SCHOOL
MUST COMPLETE THIS PAGE AND ATTACH THE FOLLOWING:

1. One (1) photograph, taken within thirty (30) days of filing this application, showing a full view of the face, neck, shoulders, and uncovered head.
2. Complete the Consent for Background Investigation form.
3. Fingerprint Cards (IF NEW APPLICANT; NOT REQUIRED FOR RENEWAL)
 - One (1) set of fingerprints (2 cards) of each digit of the right and left hands.
 - An affidavit from a qualified state, county, or city officer that the fingerprints are those of the applicant.
 - A \$24.00 money order, certified check, or cashier's check made payable to Georgia Bureau of Investigation G.B.I. to cover the fingerprint processing fee.

1. Full Name: _____
2. Position/Title: _____
3. Legal Residence Address: _____
4. Date of Birth: _____ Place of Birth: _____
5. Home Telephone: _____ Work Telephone: _____
6. E-Mail Address: _____
7. Driver's License Number: _____ Issuing State: _____
8. Do you have a relative employed by the Georgia Department of Driver Services? ☐ Yes ☐ No.
If so, give name: _____ Relationship: _____
9. Have you ever been convicted of fraud or fraudulent practices in relation to securing a license to drive a motor vehicle? ☐ Yes ☐ No. If yes, give particulars: _____
10. Have you plead guilty, entered a plea of nolo contendere, or been found guilty of any crime by a judge or jury in any state or federal court? ☐ Yes ☐ No. What were the charge(s)? _____

Date: _____ Location: _____
11. Are there any proceedings now pending against you relating to any crime, misdemeanors, or violations? ☐ Yes ☐ No. If so, give particulars: _____
12. I have read and understand the rules and regulations for operating a Driver Training School?
☐ Yes ☐ No

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant.

Sworn to before me this _____ day
of _____, _____

(Notary Public)

(Seal Required)

Applicant's Signature and Date

Commission Expires _____

FINGERPRINT CARD

A F F I D A V I T

Have the Official that takes your fingerprints sign and date this affidavit

STATE OF GEORGIA

COUNTY OF _____

I do solemnly swear (or affirm) that the attached fingerprints are those of the applicant named herein:

Signature of Official Taking Fingerprints

Name of Above Official's Agency

Date of Fingerprinting

NOTE: BEFORE SENDING IN THE FINGERPRINT CARDS, BE SURE TO FILL IN THE FOLLOWING ON THE FINGERPRINT CARDS:

- | | |
|---|---|
| <input type="checkbox"/> Residence | <input type="checkbox"/> Height |
| <input type="checkbox"/> Place of Birth | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> Color of Hair |
| <input type="checkbox"/> Age | <input type="checkbox"/> Color of Eyes |
| <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Social Security Number |
| <input type="checkbox"/> Race | <input type="checkbox"/> Citizenship |

The fingerprint card without the forgoing information will not be accepted.

CONSENT FOR BACKGROUND INVESTIGATION

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			

Department of Driver Services
2206 East View Parkway, P.O. Box 80447, Conyers, GA 30013

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State (GA License Required) Georgia	Social Security Number
Current Street Address	City and State	Zip Code	
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)	Phone Number	
Company		Phone Number	
Address	City and State	Zip Code	

Have you been convicted, plead guilty to, plead nolo contendere to, served time, or been on probation or parole, either in this state, any other state, or of the United States? Do you have a charge or court hearing pending or are you under any indictment?

If you are now charged, under indictment, or have court hearings pending for any charges, give details.

I hereby apply for a Certificate (to operate a Driver Training School and/or Driver Improvement School and/or to become an Instructor) to be issued by the Department of Driver Service (DDS). I understand that my criminal history and driver's history will be checked, and hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information may result in certificate denial, cancellation, suspension, or revocation, and possible criminal and civil prosecution. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature

Date

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires:

Sample Contract

(ALL CONTRACTS MUST BE PRE-NUMBERED AND IN DUPLICATE)
CONTRACT NUMBER

**THIS SPACE IS FOR THE FULL NAME OF THE SCHOOL
SCHOOL ADDRESS
SCHOOL TELEPHONE**

NAME: _____ **DATES & TIMES OF INSTRUCTION:** _____

ADDRESS: _____

TELEPHONE No.: _____ **LOCATION OF INSTRUCTION:** _____

EMERGENCY PHONE No.: _____ **TYPE OF INSTRUCTION:** ☐ 30/6 ☐ Behind the Wheel Only

DATE OF BIRTH: _____ **AMOUNT PAID: \$** _____

DRIVER LICENSE No. _____ **LICENSE EXPIRATION DATE:** _____

I, the undersigned student, agree to complete the above course of instruction for a fee of \$_____, consisting of _____ hours of the classroom instruction and _____ hours behind the wheel instruction by the above-name Driver Training School. If additional behind the wheel instruction is requested, a fee of \$_____ per hour is charged. A charge of \$_____ will be assessed for the use of the school's vehicle or for picking up a student or taking the student to the desired destination upon completion of a lesson. It is understood that this Driver Training School is licensed by the Georgia Department of Driver Services (DDS) in accordance with Georgia Law Title 43-13-1 (The Driver Training School and Commercial Driving Training School License Act) and that each instructor is certified by the Georgia Department of Driver Services.

The student's successful completion of the above-named course requires each of the following:

1. Punctual attendance for all sessions.
2. Reasonable attentiveness and participation in all classes.
3. Makeup classes for missed sessions.
4. Successfully passing a written examination with a grade of at least 70.

The Driver Training School will not refund any tuition or part of tuition if the School is ready, willing, and able to fulfill its part of this contract. I understand that if I fail to comply with the terms and conditions of this agreement, I am in breach of contract and the school will not be under any obligation to fulfill the terms of this contract, and may, at its option, terminate this agreement immediately. Instruction must be completed within six (6) months.

It is agreed that an owner, instructor, or employee of this Driver Training School shall not give the impression directly or implied to a student that upon completion of the course the student will receive a license to operate a motor vehicle. However, immediately upon the student's completion of the course as described above, the Driver Training School agrees to provide certification of said completion to the student.

This Driver Training School has and will maintain for the protection of the contractual rights for the student a performance bond in the principal sum of twenty-five hundred (\$2,500.00 dollars) for the students to be written by a company authorized to do business in the State of Georgia.

This agreement constitutes the contract between the above-named Driver Training School and the above-named student and no verbal statements will be recognized.

Signature of Student

Date

Signature of Authorized School

Signature of Parent or Guardian

Date

Department of Driver Services

Driver Training School

Class Roster

Name of School: _____

School License No.: _____

School Address: _____
(Street # and Street Name) (City, State, Zip)

Instructor's Name: _____

Instructor's No.: _____

Student Name	Date of Birth	Fees Paid	Date of Completion	Certificate of Completion #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Student Record of Instruction

Student Name: _____ **Date of Birth:** _____
Student Address: _____ **Home Phone:** _____
 _____ **Contact Phone:** _____
Permit/License #: _____ **Learner's Permit Issue Date:** _____
Contract #: _____ **Expiration Date:** _____

Classroom Instruction:

	Date	Start Time	End Time	*Attendance Code	Instructor's Initials	Comments
Session 1						
Session 2						
Session 3						
Session 4						
Session 5						
Session 6						
Session 7						
Session 8						
Session 9						
Session 10						

*Attendance Code: **A** - Absent **P** - Present **S** - Sick **W** - Withdrawn

Behind The Wheel Training:

	Date	Start Time	End Time	*Driving Code	Vehicle # or Tag #	Instructor's Initials	Comments
Session 1							
Session 2							
Session 3							
Session 4							
Session 5							
Session 6							
Session 7							
Session 8							

*Driving Code: **IT** - In Town **I** - Interstate **O** - Observation **N** - Night **P** - Parking **RG** - Range **R** - Residential

** Observation time does not count towards the minimum the six hours behind the wheel training.

This student has completed a minimum of 30 hours of classroom instruction and 6 hour of actual behind the wheel training and achieved a minimum score of 70 for the class.

Instructor's Signature: _____ **Certificate Number:** _____
Instructor's Number: _____ **Date of Completion:** _____
Comments: _____

DRIVER TRAINING SCHOOL SURETY BOND

KNOW ALL MEN BY THESE PRESENTS: That we,

(Full Name of Driver Training School Including the Full Legal Name and any D/B/A Name)

as Principal, and _____
(Full name of Insurance Company)
a corporation or partnership organized and existing under the laws of the State of _____
and authorized to do business in the State of Georgia, as Surety, are hereby held and firmly bound unto the
State of Georgia, for the use and benefit of all interested persons, injured by any breach of the conditions of
this obligation, in the sum of TWO THOUSAND FIVE HUNDRED (\$2,500.00) DOLLARS lawful money of the
United States of America, for the payment of which sum, well and truly to be made, we bind ourselves, our
heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SEALED WITH our seals and dated this _____ day of _____, 20_____

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, THE ABOVE-MENTIONED principal has made application to the DEPARTMENT OF DRIVER SERVICES for a license to operate a DRIVER TRAINING SCHOOL under the provisions as set out in Georgia Law O.C.G.A. § 43-13-1 et seq.: representing by said application and by these presents, that all the statements set forth in said application to the DEPARTMENT OF DRIVER SERVICES, and that all of the written evidence or other probative matter filed with the said DEPARTMENT OF DRIVER SERVICES in connection with such application are true; and obligating itself and its agents to faithful compliance with all provisions of said Georgia Law O.C.G.A. § 43-13-1 et seq. as now or hereafter amended, and any and all regulations and orders issued or hereafter to be issued by the DEPARTMENT OF DRIVER SERVICES and specifically with Georgia Law O.C.G.A. § 43-13-4, Paragraph (4), for the protection of the contractual rights for students who enter into the annexed contract with:

(Name of Driver Training School and Full Location Address)

WHEREAS, a copy of the contract of the Principal is hereby attached and made a part of this undertaking.

NOW, THEREFORE, if said Principal shall in all things well and truly perform, fulfill, comply with and observe all and singular the above named conditions, representatives and obligations, then this obligation shall be null and void; otherwise to be and remain in full force and effect, provided, however, that the aggregate liabilities recoverable against such bonds shall not exceed the sum of TWO THOUSAND FIVE HUNDRED (\$2,500.00) DOLLARS regardless of the number of claimants, and shall not be construed as individual liability.

IN WITNESS HEREOF, said Principal has hereunto set its hand and seal and the said Surety has caused theses presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this

_____ day of _____, 20_____

ATTEST:

Signature (Witness)

Signature (Principal)

COUNTERSIGNED:

(Resident Agent Of Georgia)

Name: _____

(Address of Resident Agent)

Signature: _____

(Phone Number)

By: _____
(Attorney-in-Fact)

**APPLICATION TO REGISTER A BUSINESS
TO BE CONDUCTED UNDER A TRADE NAME**

STATE OF GEORGIA
COUNTY OF _____

THE UNDERSIGNED HEREBY CERTIFIES THAT (THEY ARE) (HE, SHE IS)

(IT IS) CONDUCTING A BUSINESS AT _____
(STREET ADDRESS)

IN THE CITY OF _____, COUNTY OF _____, IN THE
STATE OF GEORGIA UNDER THE TRADE NAME:

AND THAT THE NATURE OF SAID BUSINESS IS _____

AND THAT SAID BUSINESS IS COMPOSED OF THE FOLLOWING (PERSON) (PERSONS)
(CORPORATION)

NAME(S)

ADDRESS(ES)

_____	_____
_____	_____
_____	_____
_____	_____

THIS AFFIDAVIT IS MADE IN ACCORDANCE WITH THE ACT OF THE GEORGIA

LEGISLATURE APPROVED AUGUST, 1929, AMENDED MARCH, 1937 AND MARCH, 1943

SWORN TO AND SUBSCRIBED BEFORE _____

ME THIS _____ DAY OF _____

20_____.

(NOTARY PUBLIC)

This form is provided by the DDS as a sample and may be used by the Clerk of Superior Court if they so choose. In no way is the Clerk of Superior Court required to use this form.

GEORGIA DEPARTMENT OF DRIVER SERVICES
DRIVER TRAINING SCHOOL
CERTIFICATE OF COMPLETION

This is to certify that the following individual has successfully completed a Driver Training Course consisting of:

30 HOURS OF CLASSROOM AND SIX HOURS OF BEHIND-THE-WHEEL INSTRUCTION

AT

School name _____

Student Name: _____

Address: _____

City and State _____

Date of Birth _____ Learner's License Number _____

Licensee _____
Print Name Signature Date

Instructor _____
Print Name Signature Date Instructor Number

School Address City State Zip Code

School License Number School Phone Number

THIS FORM MAY BE SENT TO YOUR INSURANCE AGENT FOR THE PURPOSE OF REDUCING THE PREMIUM OF YOUR INSURANCE, IF YOU MEET THE REQUIREMENTS AS SET FORTH ON THE BACK OF THIS FORM (O.G.C.A. 33-9-42).

ORIGINAL FORM MUST BE SUBMITTED

INSURANCE REDUCTION

O.C.G.A. 33-9-42 Reduction in premiums for motor vehicle liability

- (a) For each personal or family-type policy of private passenger motor vehicle insurance issued or issued for delivery in this state, there shall be offered by the insurer a reduction of not less than 10 percent in premiums for motor vehicle liability, first-party medical, and collision coverage to the policy holder if all named drivers, as listed or who should be listed on the policy application or provided in information subsequent to such application, of each motor vehicle covered by such policy satisfy the requirements of subsection (b) or subsection (c), as applicable, of this Code Section.
- (c) Reductions in premium shall be available if all named drivers who are under 25 years of age:
 - (1) Have committed no traffic offenses for the prior three years or since the date of licensure, whichever is shorter;
 - (2) Have had no claims based on fault against an insurer for the prior three years; and
 - (3) Complete a preparatory course offered to new drivers of not less than 30 hours of classroom training and not less than six hours of practical training by a driver's training school approved by and under the jurisdiction of the Department of Motor Vehicle Safety or by an accredited secondary school, junior college or college.